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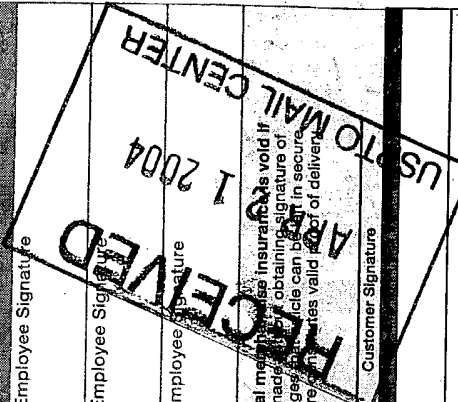
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Date In			Postage	Mo. Day		Employee Signature	
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM		\$	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time In	Military		Return Receipt Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Weight	<input type="checkbox"/> AM <input type="checkbox"/> PM			Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
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